| Form PTC                          | -1449  |  | Atty Docket No.   |           |               | Serial No    | Serial No.   |            |                               |  |
|-----------------------------------|--------|--|-------------------|-----------|---------------|--------------|--------------|------------|-------------------------------|--|
|                                   |        |  | P-4589            |           |               | 09/738,      | 09/738,464   |            |                               |  |
| :                                 | inform | MATION DISCLOSUR   | Applicant         |           |               |              |              |            |                               |  |
| -                                 |        | IN AN APPLICAT   | ION               |           | Thorsten      | Laux         |              |            |                               |  |
| (Use several sheets if necessary) |        |  |                   |           | Filing Date G |              |              | Group      | Group                         |  |
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|                                   |        |  | V.S. 1            | PATENT D  | OCUMENTS      |              |              |            |                               |  |
| EXAMINER<br>INITIAL               |        | DOCUMENT NUMBER  | DATE              | NAKE      |               | CLASS        | SUBCLAS      |            | FILING DATE<br>IP APPROPRIATE |  |
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|                                   | AD     |  |                   |           |               |              |              |            |                               |  |
|                                   | AE     |  |                   |           |               |              |              |            |                               |  |
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|                                   | AH     |  |                   |           |               |              |              |            |                               |  |
|                                   | AI     |  |                   |           |               |              |              |            |                               |  |
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|                                   | AK     |  |                   |           |               | <del> </del> |              |            |                               |  |
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